STATE FOR HEALTH DEPT.

artment death. TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay pessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be

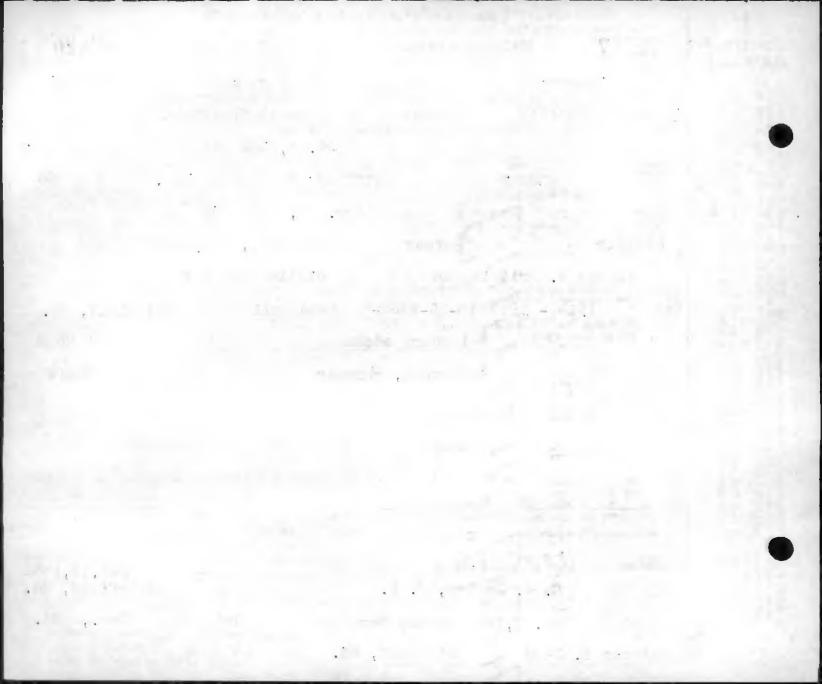
VR

5M

	Depa
	State
	the 72 h
	疆
	and S
	7 8
	in an
	File
	permit, removal,
retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depa of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after
	buria
	d as a
	use to 1
	ld be prior
	3 shoul
es.	R: Page
ur fil	ecTO
200	DIR.
ined fo	INERAL leafth c
reta	TO FL
A15/	ME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02847 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
02820

write KUKAL and give nagrest town)	Maryland b. COUNTY Somerset TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporata limits, write RURAL and give narrest town) (Runnal Cristian Control of	
(Runal) Cristield Lifetime (Run	
I (TEXT OF TOTAL T	ral) Crisfield 19-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET AC	ODRESS 0. IS RESIDENCE
Rt. 1	1, Box 214 ON A FARM? YES □ NO 🖾
3. NAME OF First Middle Lest	4. DATE Month Day Yeer
(Type or print) ELBERT BRITTINGHAN	201
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BI	last birthday) Months Davis House 1866
Male Negro WIDOWED X DIVORCED Apr. 10	,1889 66 yrs. Montains Deys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHP	PLACE (State or foreign country) 12. CITIZEN OF WHAT
Laborer Seafood Crist	field, Maryland COUNTRY
	Y'S MAIDEN NAME
Joseph E. Brittingham Lil:	lie Stephens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unharm) (if yes give war or dates of service)	Address
Yes 1918 - 1919 218-20-6562-A Leon	Hall Crisfield, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Pulmonary edema	ONSET AND OEATH 1 NOUR
5271 DUE TO	
Conditions, if eny, which) (b) Emphysema, chronic	Years
gave rise to immediate cause (e), stating the DUE TO	
undarlying couse last. (c)	
	RMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
ICAT	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 20a. EXTERNAL CAUSE WAS PRIMARY OF COUNTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter no CAUSE OF DEATH.) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hour e.m. While p.m. 19 at work at work at work	auture of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (I	
Hour e.m. p.m. 19 While Not While factory, street, office at work at work	abidg., etc.)
21. I certify that I took charge of the remains described above, held an Autopsy	, inspection X, inquiry , and in my opinion
	Homicide . Undetermined manner
	MEDICAL EXAMINER
1 2 2 2	ANT MEDICAL EXAMINER 22. DATE SIGNED
	Y MEDICAL EXAMINER X Feb. 8,1966
EXAMINER'S C. G. Rawley, M. D. Address	s (Street, city, town, or county) Crisfield, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR	
Burial Feb. 9,1966 Asbury Cemetery	Crisfield Som., Md.
24. FUNERAL DIRECTOR AOORESS 25	5a BEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Anthony E. Ward Crisfield, Md.	PATEE B 10 1966 frances Judge



24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00010

1001 E		060%)		CEK	HILICAL	E OF DEATE	1			Uni	041
funeral and 2 r death.	1.	PLACE OF DEAT	H			-	2. USUAL RESIDEN	CE (Where de	ceased lived, If in	stitution: R	esidence l	refore admission)
e Le	0	a. COUNTY					a. STATE		b. cou			
Pages 1 urs after	D	omerset	(B) GF outside assument	n Humita	I - I FUOTU O	MARYLAND F STAY IN 1b	Maryland		Some	CSEL	and alue	namant towns
S S		write RURAI	/N (if outside corporate and give nearest town	1)			C. CITT OR TOWN (II	Loniside co	rporate ilinitis, w	IIIO KUNAL	and Risa	Hourast rown)
ii. Je	P	rinness	Anne		37 Yes	ars	Princess	Anne	•		19-	1
2 is 2		d. NAME OF HO	SPITAL OR INSTITUTION	N (If not in h	ospital, give si	treet address)	d. STREET ADDRESS				θ.	IS RESIDENCE ON A FARM?
filled papers in 72 l												S NO D
	3.	NAME OF	Pt-	-6	NI.	ile.	II.	1 4. DATE	Mont	4		Year
npletely carbon ent, wit	0.	OECEASEO	Fir		Mide	ale	Last	OF		34	Oay	
completely ve carbon event, with		(Type or print)	Will				Charles	DEAT	fine.	,	15	1966
e ve	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER M	ARRIED X	8. DATE OF BIRTH	9	 AGE (In years last birthday) 	Months		Hours Min.
g physician and co	Ma	ale	Colored	WIDOWEO	DI DI	VORCED T	6/1/04		6I yrs.	Months	Days	Hours Min.
i re	108	. USUAL OCCUPA	TION (Give kind of work d	lone 10b. K	INO OF BUSIN	ESS OR	11. BIRTHPLACE (C	ounty & State		y) 12. C	ITIZEN O	F WHAT
cia ase nd		ing most of worl	ling life, even if retired	TAT of	NDUSTRY	City	Month Co				DUNTRY?	
263		FATHER'S NAM	AC .	1110	ork For	. OI CY	North Ca		181	U	EA	
358	13		0				14. MUTHER S MAII	DEN MAME				
是声音		Wil	lie Charle	s Sr			2					
it.	15	. WAS DECEASED	EVER IN U.S. ARMEO FOR	RCES? 16.	SOCIAL SECUR	11TY NO. 17.	INFORMANT		Addre	SS		
e attending permit. The ion, or reme	1	es, inc, or minorily	(11) ca file wall or dutes of	Sel Tile)		Te	a Boomer,	Princ	egg Any	ne . Ma	mar I a	and
n signed by the at burial-transit perm burial, cremation,	-	18. CAUSE OF	OEATH [Enter only one	cause per	ine for (a). (b)					20 1210		VAL BETWEEN
by t nsit eme												T AND GEATH
t de la cre		1 00	EATH WAS CAUSED BY:	(a) ACUT	E MYOCAI	ROIAL I	NEARCTION				K	10 MIN
igned rial-tra		420	DUE 1	TO ATHE	ROSCLER	OTIC C.	/ A.				7 4	EARS
Sir		Conditions, if		(b)							1 1	LARS
200		gave rise to cause (a), s	Dire 4	ТО								
		underlying cau	an land	(c)								
has as	NO	PART II. OTHER	SIGNIFICANT CONDITIO		UTING TO DEAT	HBUTNOTRELA	TED TO THE TERMINAL	DISEASE COM	NDITION GIVEN IN	PART 1(a)		WAS AUTOPSY
certificate ha	CATION	PRO	BABLE LAENN	ECS CI	RRHOSIS						YES	PERFORMED?
第三条	FI	20a ADDIOCNI	Wise Unident VINC	1.006	DECODIBE HOW	U DULLING AGO	IDDED (Enter mobiles o	& Indiana In C	and I av Bart It	of Itam 10		I MO IN
of de	CERTIFIC	OR CONTRIBUT	WAS UNDERLYING INTO CAUSE OF DEAT TIFY MEDICAL EXAMIN	H 200.	DESCRIBE HOW	A HADOKA OCCU	IRRED. (Enter nature o	n minty in e	art I or Part II	or item 10	-)	
pt.		(IF EITHER, NO	TIFY MEDICAL EXAMIN	ER)								
Deta Pri	MEDICAL		INJURY Month, Day, Y	ear 20d.	NJURY OCCUR	REO 200. PLA	CE OF INJURY (Home, for, street, office bidg., c	arm, 20f.	(City or town)	(C01	inty)	(State)
e d ate	0	Hour a.	m. m. 19	While at wor		8 8	ty, acteor, unica plug.,	c.(.)				
DIRECTOR: After this certing 3 should be detached led with the State Dept. of	2		fy that (I) (this hosp				an 7-14 1	0/6 30	2:7500	2-15:0/	/ Ab-	A ID Aug last
the the												
記念語		22a. SIGNATU	ceased alive on 2	7.7	19_6_	o, and tha	t death occurred at2	1.500 MI, I	rom the causes		ATE SIGN	
± 3 ± 5		22a. Variana	7/11/0,00	_			ATTENDING A	MED.	STAFF -			
E 88 E		110	of recor	m		M.C), PHYS.	DIRECTOR	PHYS.	12-	18-6	26
- S- 1		22c. PHYSICI NAME (1	ype) GEO. M.	DUNN.	MID		22d. AOORESS	A	M-			
TO FUNERAL DIRE director, page 3 should be filed v				DOINT,	11160		PRINCESS					
Tie de	23	BURIAL, CREI	MATION, 23b. DATE T	HEREOF	23c. NAME	OF CEMETER	OR CREMATORY	23d. L	OCATION (CIty, 1	own or co	unty)	(State)
200	1	REMOVAL (Spurial	I/I9/	66	Mt Ca	rmel	1	Pri	ncess A	nne,	Mary	land
	2	FUNERAL DIR	ECTOR		ADDRE	ess	1	C'D BY REG	ISTRAR 25b. F			
A15 (4)	1	71111am	H.James J	r. Pri	ncess	Anne-N	arvlande	201	1966 12	liarle	. 0	100
1 1 01			1740000000				DANTE	1 / 1	ann ke	- Calo	47 1	7

VR A15 (4) 15M 4-64

12050 Ny Yours Ininones Afric The married attitue. wallest is vittle in thems and the state of t i ii = 124 S - Thomas Mana, Northand Tiller B. Mace of the Control of the and completely filled in by the funeral emove carbon papers. Pages 1 and 2 any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then buse should be filed with the State Dept. of Health prior to burial, cremation, or removal and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00070

1 06033	OLIVIIIIOATI	OI DEATH		0404C
1. PLACE OF DEATH a. COUNTY			Where deceased lived, If instituti	on: Residence before admission)
Somerset	MARYLAND	a. STATE Mary	rland b. COUNTY	Somerset
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield	c. LENGTH DF STAY IN 15	c. CITY OR TOWN (If out	side corporate ilmits, write Ri	URAL and give nearest town)
	24 days	Crist	liel d	19-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
McCready Memorial Ho	The state of the s		merset Avenue	
3. NAME OF DECEASED (Type or print)	Middle F	Green 4.	DATE Month Feb. 5	Day Year 19
5. SEX 6. CDLOR OR RACE 7. MARRIED	SE MESER WARRIED	. DATE OF BIRTH	Inch hirthday	NDER 1 YEAR IF UNDER 24 HRS
Male Wite WIDOWED		Dec. 8, 190	yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR		3.7	2. CITIZEN OF WHAT COUNTRY?
Plating Cu	tlery	Somerset		0.5.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Fletcher Green			ah Watson	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. S (Yes, no, or unknown) (If yes give war or dates of service)		INFORMANT		set Ave.
no	Mr	s. Lucille	Green: Crisf	ield, Md.
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	. 0		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rememo	1 Cac	un	2 cm
1536 DUE TD		0		
Conditions, if any, which gave rise to immediate (b)				
cause (a), stating the DUE TD				
underlying cause last.) (c)				
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUT 200. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	ING TO DEATH BUT NOT RELA	FED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTDPSY PERFORMED? YES NO
208. ACCIDENT WAS UNDERLYING DE DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inj	ury in Part I or Part II of Iter	m 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. IN.	JURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour a.m. p.m. 19 at work	Not while []	y, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended		/- 19 /	6402/5- 1	1966, that (I) (we) last
saw the deceased alive on Feb /			OM, from the causes and	
22a. SIGNATURE Products	M.D.	ATTENDING MED	221	DATE SIGNED
22c. PHYSICIAN'S		22d. ADDRESS	COOK C FRITS. CT	
NAME (Type) R. E. Robert	s, M.D.	Cri	sfield, Mary	rland
23a. BURIAL CREMATION, 23b. DATE THEREOF 2/8/1966	23c. NAME OF CEMETERY Asbury	OR CREMATORY	23d. LOCATION (City, town of Crisfield,	(State)
29 FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE
Janes Henner	Crisfield, M	d. DATE B 1	4 1956 1000	rles Judge

VR AI5 (4) 20M 1/65

Table 1 Amilia Maria propy to a prompt of the first of the section of the the Bally and the second The state of the s and the latest the same of the deletered report of the second The statement of them all the state of t The second second and the second District of the last of the la

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF	
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON	
02850	CERTIFICATE OF DEATH	02823

D. CITY OF TOWN IT WELD COPPORED INTITIS. D. CITY OF TOWN IT OF TOWN IT COURSES COPPORED INTITIS. D. C. CITY OF TOWN IT COURSE COPPORED INTITIS. D. C. CITY OF TOWN IT COURSE COPPORED INTITIS. D. C. CITY OF TOWN IT COURSE COPPORED INTITIS. D. C. CITY OF TOWN IT COURSE COPPORED INTITIS. D. C. CITY OF TOWN IT COURSE COPPORED INTITIS. D. C. CITY OF TOWN IT COURSE COPPORED INTITIS. D. C. CITY OF TOWN IT COURSE COPPORED INTITIS. D. C. CITY OF TOWN IT COURSE. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HER. D. AGE IN PASS IN IT HOUSE 24 HE	1.	PLACE OF DEATH	1			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
b. CITY OR TOWN If outside corporate limits, write RURAL and give merest town) write RURAL and give merest town) d. NAME OF NOSPITAL OR INSTITUTION (if not in hospital, give sired address) d. NAME OF NOSPITAL OR INSTITUTION (if not in hospital, give sired address) Mc Cready Memorial Hospital 3. NAME OF FIRST Nobert L. Haynie or EARH Pob. 11, 196.19 5. SEX. 6. COLOR OR RACE 7. MARRIED NIVER MARRIED NIVER MARRIED NIVER MARRIED NIVER MARRIED NIVER NORCED NIVER MARRIED NIVER NIVE			Somerset		MARYLAND	a. STATE Virginia b. COUNTY Accomack				
d. NAME OF TABLET MODE AS STREET ADDRESS O. IS RESIDENCE ON A FARMY TEST MODE AND THE MODE AS STREET ADDRESS O. IS RESIDENCE ON A FARMY TEST MODE AND THE MODE AND THE MODE AND THE MODE AS A STREET ADDRESS O. IS RESIDENCE ON A FARMY TEST MODE AND THE MODE AND THE MODE AS A STREET ADDRESS O. IS RESIDENCE ON A FARMY TEST MODE AND THE MODE AND THE MODE AS A STREET ADDRESS O. IS RESIDENCE ON A FARMY TEST MODE AND THE MODE AND THE MODE AND THE MODE AS A STREET ADDRESS O. IS RESIDENCE ON A FARMY TEST MODE AND THE MODE AND THE MODE AND THE MODE AS A STREET ADDRESS O. IS RESIDENCE ON A FARMY TEST MODE AND THE MODE AND THE MODE AND THE MODE AS A STREET ADDRESS O. IS RESIDENCE ON A STREET ADDRESS O. IS RESIDENCE ON A FARMY TEST MODE AND THE MODE AND THE MODE AND THE MODE AS A STREET ADDRESS O. IS RESIDENCE ON A STREET ADDRESS O. IS RESIDENCE ON A STREET ADDRESS O. IS RESIDENCE ON A FARMY TEST MODE AND THE MODE AND		b. CITY OR TOW	N (if outside corporat	e limits,		c. CITY OR TOWN (If ou	utside corporate limits, write Ri	JRAL and give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) A. NAME OF MCCready Memorial Hospital A. Date					2 Davs	Tangi	er	P3-3		
Name of classes No No No No No No No N						d. STREET ADDRESS				
December 1 1964 1		McCrea	dy Memori	al Ho	spital					
S. SEX G. COLOR OR RACE 7. MARRIED RODE TT L. Haynie DEATH Feb. Lij 195 (39)	3.	NAME OF DECEASED			Middle					
Male White Widowed Divorced Divorced Parents of the Windows Min. 100a. ISSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman 13. FATHER'S NAME Robert W. Haynie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (M. M. o. or unbinn) 16. SOCIAL SECURITY NO. 17. INFORMANT NO. NO. NO. Or unbinn) 17. INFORMANT ROBERT W. Haynie 18. CAUSE OF DEATH (Enter only one cause per line for (a), (0), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (0), and (c).) PART I. OF ART WAS UNDERLYING 19. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED) 18. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED) 18. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED) 18. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED) 18. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED) 18. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED) 18. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED. 18. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED. 18. CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED. 18. CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED. 18. CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED. 19. WAS AUTOPSY		(Type or print)	2100			0 1	DEATH Feb. 1			
10. KIND OF BUSINESS OR IDDITION (GIVE NING OF WHAT COUNTRY) Waterman 13. Father's Name 14. MOTHER'S NAME Tangier, Virginia 15. MASDECASSED EVER INUS. ARMED FORCES? (Yes, no, no unbound) (Itys give was a dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Magel Lee Sparrow 18. GAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. Conditions, It any, which gave rise to immediate cause (a) Conditions, It any, which gave rise to immediate cause (b) Conditions, It any, which gave rise to immediate cause (a) Conditions, It any, which gave rise to immediate cause (b) Conditions, It any, which gave rise to immediate cause (a) Conditions, It any, which gave rise to immediate cause (b) Conditions, It any, which gave rise to immediate cause (c) Conditions, It any, which gave rise to immediate cause (a) Conditions, It any, which gave	5.	SEX	6. COLOR OR RACE	7. MARRIED	BY HEACK MINKELED		last hirthday)	DER 1 YEAR IF UNDER 24 HRS.		
Tangier, Virginia COUNTRY USA							1 715,			
Tangler, Virginia USA	dur	ing most of work	TON (Give kind of work) Ing life, even If retired	1) 1	INDUSTRY	11. BIRTHPLACE (Cour	nty & State, or foreign country) 1:			
S. WAS DECEASED EVER IT U.S. ARMED FORCES? I.E. SOCIAL SECURITY NO. 17. INFORMANT Address (I.G. Social Security) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (I.G. Social Security No. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	W	aterman		Cral	b & Oyster	Tangier, Vi	rginia	USA		
18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carebral Lenter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carebral Lenter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carebral Lenter only one cause per line for (a), (b), and (c).1 PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carebral Lenter only one cause per line for (a), (b), and (c).1 Conditions, If any, which gave rise to immediate cause (a), stating the outer line for (a), (b), and (c).1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) 19. WAS AUTOPSY PERFORMED? YES NO Manual Performance of the perform										
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). 1 PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause last. Compared to the cause last. Compared to the cause condition of the cause last. Compared to the cause (a), stating the underlying cause last. Compared to the cause (a), stating the underlying cause last. Compared to the cause conditions contributions contributed to the cause contributed to the cause contributions contributed to the cause contribut						Maggie Lee	Sparrow			
None Mrs. Emma P. Haynie, Same as 2. abc	(Ye	s, no, er unkown)	EVER IN U.S. ARMED FO (If yes pive war or dates of	(CES? 16.						
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause last. (c) Conditions (In the final Internet of Injury In Part I or Part II of Item 18.) (County) (State) Tanger, Virginia 25a. FEGISTRAR 25b. REGISTRAR'S SIGNATURE	Ne	0			Mrs	. Emma P. Ha	ynie, Same as 2.	abc		
Due to State Due to Due	1				line for (a), (b), and (c).]	/				
Cenditions, if any, which gave rise to immediate ouse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year While at work at work. 21. 1 certify that (I) (this hospital) attended the deceased from 12-12, 1946, to 12-14, 1946, that (I) (we) last saw the deceased alive on 12 14/65 19, and that death occurred at 3A M, from the causes and on the date stated above. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. C. G. Rawley, M.D. Crisfield, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS COURSED. Tangler, Virginia 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	ı	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	Carebral.	hemorrh	age -			
Cause (a), stating the underlying cause last. Ci Ci Ci Ci Ci Ci Ci C		260	X DUE	ro	1. 10					
Cause (a), stating the underlying cause last. Ci Ci Ci Ci Ci Ci Ci C				(b)	Lout arter	coscercos	15	years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year While at work				ТО	10 000	2 00 0.		years.		
20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 While at work Not While at	-	underlying caus	e last.		10			0		
20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 While at work Not While at	T10	PART II. OTHER S	a -	Trans.	-	TED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?		
20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 While at work Not While at	FICA			400						
20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 While at work Not While at	ERT	OR CONTRIBUTI	WAS UNDERLYING ON CAUSE OF DEAT	H 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of In	njury in Part I or Part II of Iten	n 18.)		
21. I certify that (1) (this hospital) attended the deceased from 12-12-, 1966, to 12-14, 1966, that (1) (we) last saw the deceased alive on 12/14/65 19 , and that death occurred at 3A M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Dr. C. G. Rawley, M.D. Crisfield, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Burial (Specify) Feb. 17, 1966 Swain Memorial Cemetery ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE										
21. I certify that (1) (this hospital) attended the deceased from 12-12-, 1966, to 12-14, 1966, that (1) (we) last saw the deceased alive on 12/14/65 19 , and that death occurred at 3A M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Dr. C. G. Rawley, M.D. Crisfield, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Burial (Specify) Feb. 17, 1966 Swain Memorial Cemetery ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	ICA				Eunto			(County) (State)		
saw the deceased alive on 12/11/65 19 , and that death occurred at 3A M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Dr. C. G. Rawley, M.D. 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	MED			at wor	NOT WINTE					
saw the deceased alive on 12/11/65 19 , and that death occurred at 3A M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Dr. C. G. Rawley, M.D. 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		21. 1 certif	y that (1) (this hosp	ital) attend						
22c. PHYSICIAN'S NAME (Type) Dr. C. G. Rawley, M.D. Crisfield, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Feb. 17, 1966 Swain Memorial Cemetery Tangier, Virginia 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE		saw the dec	ceased alive on 12							
22c. PHYSICIAN'S NAME (Type) Dr. C. G. Rawley, M.D. Crisfield, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial Feb. 17, 1966 Swain Memorial Cemetery Tangier, Virginia 24. FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE		22a. SIGNATUR	RE		0	ATTENDING	ED OTAFF			
NAME (Type) Dr. C. G. Rawley, M.D. Crisfield, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Feb. 17, 1966 Swain Memorial Cemetery Tangier, Virginia 24. FUNERAL DIRECTOR Dr. C. G. Rawley, M.D. Crisfield, Maryland 23d. LOCATION (City, town or county) (State) Tangier, Virginia 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			07	an	- M.D	. PHYS. DI	RECTOR PHYS. 2	/14/66		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) Feb. 17, 1966 Swain Memorial Cemetery Tangier, Virginia 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			ma)	0	David M. D		4 - 7 - 4 - Manager	a		
Burial Feb. 17, 1966 Swain Memorial Cemetery Tangier, Virginia 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-									
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	23a		- a16-s							
	24	FINERAL DIDE		, 1906						
praction of street, raryland part of him the transportation				-04 -1 -2	7.007,7000	EED	N N N N N N N N N N N N N N N N N N N			
	D	radanaw d	e sons, url	ar rerd	, PATYLANG	DATE	10 19561 Allia	regulate		

VR A15 (4) 20M 1/65

and the second second

NUMBER OF THE PROPERTY OF THE

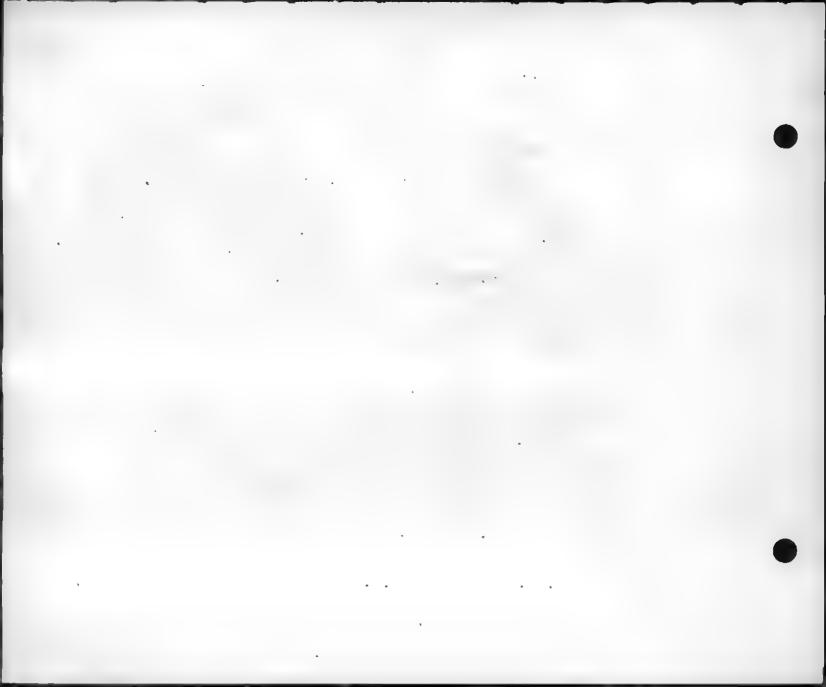
Shirt to the second description of the second state of the second

E CONTES them witer - daines 5 2190 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please move carbon papers. Pages I and Should be filled with the State Dept. of Health prior to burial, cremation, or removal, and if any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
92852	CERTIFICATE OF DEATH	090

_	92852	- Ye	CERTIFICAT	E OF DEATH	1	112826
1.	PLACE OF DEATH	Somerset	VER 7 FIEM W7	- 07475	1. 000	nstitution: Residence before admission)
-			MARYLANO	FIR	ryland	Somerset
	b. CITY OR TOWN write RURAL a Cris	(if outside corporate limits, nd give nearest town)	c. LENGTH OF STAY IN 1b	}	foutside corporate limits, w arion	rite RURAL and give nearest town)
-	d. NAME OF HOSP	TITAL OR INSTITUTION (if not in t	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
1	McGres	dy Memorial Ho				ON A FARM? YES NO X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Mont	
	(Type or print)	Mollie	/η,	Parker	DEATH Feb.	· 24 1966
5.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. OATE OF BIRTH	9. AGE (In years	LIFTINGER 1 YEAR HE HINDER 24 HRS
7	Pemale	Negro WIDOWED		11.19-15		Months Oays Hours Min.
				111 REPTUDI ACE TO	county & State, or foreign country	y) 12. CITIZEN OF WHAT
1_	(LO)	ON (Give kind of work done 10b.) g life, even if retired)	NDUSTRY	Phila.	Pa.	COUNTRY? J. S.A.
1.	3. FATHER'S NAME	,		14. MOTHER'S MAIL	DEN NAME	1
	155AC	DACHIE	DLASHIELD	FANNI	E TUR	PIN
Ó	es, no, og unkown) (ER IN U.S. ARMED FORCES? 16. If yes give war or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT	Addre	ess .
	No.		de	ruso x	CULLY Ph	illa S. L.
	18. CAUSE OF DE	ATH Enter only one cause per	line for (a), (b), and (c).1		VI-BIT VIII	INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY. JMMEDIATE CAUSE (a)	end Dee 7 He	oil lerec	uea.	ONSET AND DEATH
	Conditions, If an		chal Homm	hoge R	Henregue.	6 dego
	cause (a), statunderlying cause	ting the DUE TO	Lections Le	ue arleto	felwas	Geiden
20	PART II. OTHER SE	MENCANT CONDITIONS CONTRIB			DISEASE CONDITION GIVEN IN	PARTI(a) 19. WAS AUTOPSY
FICAT		ferund ar		. Cluma re		Keylelle YES NO
CERTIFICATION	DR CONTRIBUTION (IF EITHER, NOTI	AS UNDERLYING 200. G CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	finjury in Part I or Part II o	of (tem 18.)
MEDICAL	20c. TIME OF IN Hour a.m.	JURY Month, Day, Year 20d. I While	factor	CE OF INJURY (Home, fary, street, office bldg., e	erm, 20f. (City or town)	(County) (State)
ta.i 5≥	p.m.	19 at wor				
	21. I certify	that (!) (this hospital) attend	ed the deceased from	2-18	966 to 2 - 24	, 19 🗸 💪 that (I) (we) last
						and on the date stated above.
	22a. SIGNATURE	00	The state of the s			22b. OATE SIGNED
	99	us 66 metho	ea. M.O		MEO. STAFF OIRECTOR PHYS.	
	22C. PHYSICIAN	's	171.0	22d. ADORESS		
	NAME (Type	B) G. C. Coult	ourn, M.D.	M	merx Crisfie	old, Md.
23	a. BURIAL, CRÉMA	TION, 23b, DATE THEREOF	1 23c. NAME OF CEMETERY	OP CREMATORY	23d. LOCATION (City, to	own or county) (State)
2.0	REMOVAL (Speci	Ify) Fiel by	7	ON UNLINGTON	A A M	Cha and A
2	FUNERAL DIRECT		Branch	↓ 25a. RE	C'O BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
1	SA A	1/4. 1 1.4	NOOKE33	238. Kt		# t. 6
1	thailes,	TIWWA INCO	um PCBOX2	SCWD WELL	3 1966 90	iarla judge

VR #15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the Hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages is and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours, after-deadn.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
\$2053	CERTIFICATE OF DEATH	1128

Jacob OERIII IOAI	L OI DEATH
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Somerset MARYLAND	a. STATE Maryland b. COUNTY Somerset
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
Crisfield l Day	Crisfield 19-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
McCready Memorial Hospital	35d. & Main St. YES □ NO 1
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) iam Kirk 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8	Sterling DEATH 2/3/66 19 B. DATE OF BIRTH 19. AGE (In years I UNDER 1 YEAR IF UNDER 24 HRS.
7. MARKIED MEVER MARKIED	last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED TO	Dec. 7, 1898 67 yrs.
Merchant Merchant INDUSTRY	Somerset Co., Nd. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Sterling	Ella Sterling
(Ves no ar unknown) ((I set nive war or dates of service))	INFORMANT
no	rvey Sterling, Crisfield, Nd.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (8) Cloute Ul	preaded his velien 12 hose
420 DUE TO	
Conditions, If any, which (b) (b)	
cause (a), stating the DUE TD	
underlying cause last. (c)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED? YES NO V
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE PART III. DTHER SIGNIFICANT CONTRIBUTIONS CONT	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. FIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE factor with the p.m. 19 at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Nov. 1965 to Feb 3, 1966, that (1) (we) last
	death occurred at 2 M from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
a. G. Edlewards M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
PHYSICIAN'S NAME (Type) A. G. Edwards, M.D.	Crisfield, Paryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 2/5/1966 Sunnyridge	DR CREMATORY 23d, LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
and Leunes Crisfield. Mo	1. DATE FEE 0 1033
Oliver and a second a second and a second and a second and a second and a second an	DATE

VR #15 (4) 20M 1/65

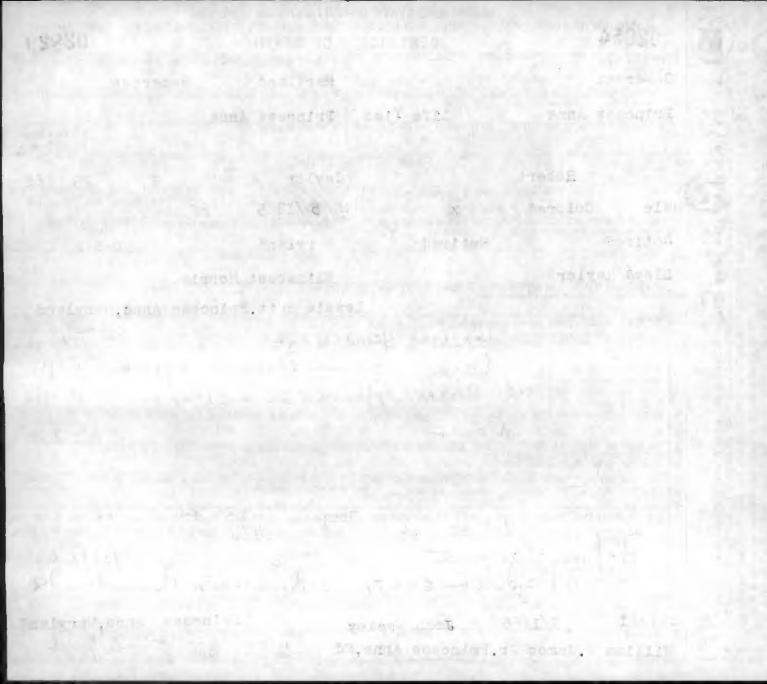


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after contraction.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIS	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	1
U2824	MARYLAND STATE DEPARTMENT OF HEALTH STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH	No.

	0285	ON OF STATISTIC	T1 0	CERTIFICAT	, 301 W. PRESTOI E OF DEATH	N STREET, BALTIMO	()282!)
1	a. COUNTY Somers	et	Item y	MARYLANO	Maryland	Somer	set
	Prince	OWN (If outside corporate AL and give nearest town BS Anne		Life Time	Princess	Anne	Ite RURAL and give nearest town)
,	d. NAME OF	HOSPITAL OR INSTITUTION	(If not in he	ospital, give street eddress)	d. STREET ADDRESS		ON A FARM? YES NO Se
	3. NAME DF DECEASED (Type or prin		st	Middle	Taylor	4. DATE Mont	25 19 66
F.	s. sex Male	6. COLOR OR RAGE	7. MARRIED WIDOWED	MEYER WARRIED	8. DATE OF BIRTH 28/5)/1885	9. AGE (In years last birthday) 85 8 Jyrs.	Months Days Hours Min.
-	during most of with Retire) 10	nd of Business or IDUSTRY 1red	Meryland 14. Mother's Maid	unty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
-	Lloyd	Taylor ED EVER IN U.S. ARMED FOR) ((If yes give war or dates of	RCES? 16.	SOCIAL SECURITY NO. 17.	Flizabes	t Morrie Addre	ss
-		OF DEATH [Enter only one			essie Hutt	.Princess Ar	ne, Maryland INTERVAL BETWEEN
	500	DOE	_	etral flom	orrhage	H - D	5 days
	gave rise	stating the OUE	(c) C	bronic Br	nclute à	emplupen	na 10 yrs
	PART II. DTHI	ER SIGNIFICANT CONDITIO	NSCONTRIBU	TING TO DEATH BUT NOT REL			YES NO
- 1		NT WAS UNDERLYING UTING CAUSE OF DEAT NOTIFY MEDICAL EXAMIN		DESCRIBE HOW INJURY OCC			
	ZOC. TIME (of INJURY Month, Day, 1 a.m. p.m. 19	fear 20d. While at work	Not While facto	ACE OF INJURY (Home, fa ory, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
		deceased alive on	ital) attended	ed the deceased from 1966, and tha	t death occurred at 1		and on the date stated above. 22b. DATE SIGNED 22b. Compared to the date stated above.
/		CIAN'S B. FIZA	ink (SIGANTI	22d. ADDRESS 20/rinc	umst, Pri	incan Arme me
	Burial, CF Burial 24. FUNERAL D		HEREOF	23c. NAME OF CEMETER Tohn Wesley ADDRESS	7		Anne Maryland
3	Willia	m H.James	Jr.Pri	ncess Anne,	Md DMAR	3 1956 90	iarles Judge.

VR A15 (4) 15M 4-64



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

02855

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02.830

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	ACE OF DEAT	Somerset		MARYL	AND	2. USUAL RESIDEN a. STATE Mar	yland	deceased lived, If b. COUN	ITY -	erse		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield Adult life					c. CITY OR TOWN (II outside corporale limits, write RURAL and give nearest fown) Crisfield							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street eddress) 18 Potomac St.					d. STREET ADDRESS 18 Potomac St.				IS RESIDENCE ON A FARM? YES NO M.			
DE	3. NAME OF First Middle DECEASED					Lest	4. DATE Month OF DEATH February			Dey Yeer 16, 1966		
5. SE	x ale	6. COLOR OR RACE	7. MARRI WIDOW	ED NEVER MARRIED	8.	DATE OF BIRTH 90. 24. 1897	,	9. AGE (In years last birthday) 68 yrs.	IF UNDER 1 Y	FAR IF	UNDER 24 HRS.	
R	SA. Uprate a grant and the same									CITIZEN OF WHAT COUNTRY?		
15. W	Ohn W. W.		CES7 16.	SOCIAL SECURITY NO	11	Annie Char NFORMANT B. Cathryn W		Address				
C. ge	PART L DEAT	H WAS CAUSED BY, IMMEDIATE CAUSE (e), DUE TO (, which (b))	Co	ine for (a), (b), end (c). pronary of	eclu	terioscle	rosis	3		ONSET	AL BETWEEN AND DEATH 1 TES	
E PE	Da. EXTERNAL CA	SIGNIFICANT CONDI				RELATED TO THE TERMIN			EN IN PART 1	YES	PERFORMED?	
- _	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED On PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Place of work of											
d A	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED 2/19/66 EXAMINER'S NAME (Type) C. G. Rawley, M. D. Address (Street, city, town, or county) Crisfield, Md.											
Bu	urial, crematio emoval (specify) rial	Feb. 19,		22c. NAME OF CEME American Le				ATION (City, fown,			(State)	
	uneral director	Sons, Cris	field	Address Maryland		Z40. REC		966 JCL	strar's sig	A	Ĺ	

VR MISME 5M 1/63

107. Traine OS TELLISION OF the second secon and the second matter are the second with the second secon Particle , broffile, cap, seeing